BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

09824237

CLAIMS AS FILED - PART I SMALL ENTITY												OTHER	THAN
				(Column 1)		(Column 2)			TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS 3									RATE	FEE		RATE	FEE
FOR				NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS				31 minus 20=		- 11			X\$ 9=		OR	X\$18=	198
INDEPENDENT CLAIMS				G minus 3 =		6			X40=		OR	X80=	420
MULTIPLE DEPENDENT CLAIM PRESENT									+135=		OR	+270=	
* If	the difference	in column	1 is l	less than zero, enter "0" in column 2				l	TOTAL		OR	TOTAL	1388
CLAIMS AS AMENDED - PART II											4	OTHER	
,		(Column	<u>1 1)</u>		(Column 2))_	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A	•	CLAIMS REMAINI AFTEF AMENDM	NG R		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	lependent			CL AIM	=	-	X40=		OR	X80=		
THIS THESERIATION OF MISCHIFLE DEFENDENT SCANN									+135=		OR	+270=	
TOTAL											OR	TOTAL ADDIT. FEE	
ADDIT. FEEON ADDIT													
ENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBEF PREVIOUS PAID FO		IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT B	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=] [X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								405	•.		070	
+135= TOTAL											OR	+270=	
									ADDIT. FEE		OR	ADDIT. FEEL	
		The second secon	_										
AMENDMENT C	, o	CLAIMS REMAINI AFTEF AMENDMI	NG R		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent +			Minus ***		=		╢╟	X40=		OR	X80=	
بَ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										070		
• 1	f the entry in colu	mn 1 is less t	han th	ie entry in colu	mn 2. write	e "0" in col	lumn 3.	L	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													